

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573,432

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3		1		
4		1		
5				
6				
7		1		
8		1		
9		1		
10		1		
11				
12				
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14				
15				
16				
17				
18		1		
19	1			
20		1		
21	1			
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48				
49				
50				
TOTAL IND.	3	↓		↓
TOTAL DEP.	18	←	←	←
TOTAL CLAIMS	21			

AS FILED	AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.
51				
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97				
98				
99				
100				
TOTAL IND.		↓		↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS				